

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		3		1			55						
6		3		1			56						
7		3		1			57						
8		3		1			58						
9		3		1			59						
10		3		1			60						
11		3		1			61						
12		3		1			62						
13		3		1			63						
14		3		1			64						
15		3		1			65						
16		3		1			66						
17		3		1			67						
18		3		1			68						
19		3		1			69						
20		3		1			70						
21	1		1				71						
22		1		1			72						
23	1		1				73						
24		1		1			74						
25		4		1			75						
26		1		1			76						
27		1		1			77						
28	1		1				78						
29		1		1			79						
30		2		1			80						
31		2		1			81						
32		1		1			82						
33	1		1				83						
34		1		1			84						
35		1		1			85						
36		3		1			86						
37		3		1			87						
38		3		1			88						
39		3		1			89						
40		3		1			90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			55				TOTAL DEP.						
TOTAL CLAIMS			60				TOTAL CLAIMS						